

Application for Search of Birth Record Files of Deceased Person									
This application form is prescribed and furnished by the Illinois Department of Public Health as set forth in 410 ILCCS 535/25.1									
1. Name at Birth		First		Middle		Last			
2. Place of Birth			Hospital		City or Town		County		
3. Date of Birth	Month	Day	Year		4. Sex Male ➤ Female ➤		5. Birth Number (if known)		
6. Father's Full Name		First		Middle		Last			
7. Mother's Full Name		First		Middle		Last		8. Mother's Maiden Surname	
Section B – Death Information					Section C – Applicant Information				
1. Full Legal Name at Death (First, Middle, Last)					1. Name (First, Middle, Last)				
2. For Female Decedents, Maiden Surname					2. Street Address				
3. Date of Death		Month/Day/Year			3. City, State, Zip				
4. Place of Death		City, State			4. Social Security No.				
5. Relationship to Decedent					5. Driver's License Number/State				
I affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief.									
Date _____					Work Telephone __ (____) _____				
_____					Home Telephone __ (____) _____				
Written Signature									

SP5919B

Must show proof of death